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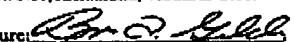
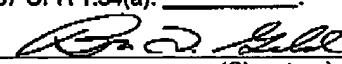
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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>BP0002-US</b>
<b>FAX CERTIFICATION</b> Date of Deposit: <u>9/20/2005</u> I hereby certify that this correspondence is being facsimile deposited (Fax No. 571-273-8300) on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature:  Print Name: <u>Brian D. Gildea</u>		
In re Application of <b>Coull et al.</b> Application Number <b>09/996,658</b> Filed <b>11/29/2001</b> For <b>METHODS AND COMPOSITIONS FOR SORTING AND/OR DETERMINING ORGANISMS</b> Group Art Unit <b>1634</b> Examiner <b>Bradley L. Sisson</b>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner, dated 04/20/05, rejecting the following claims: <u>1-50</u> .		
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 500.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$ _____</u> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>01-2213</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>_____</u>		
<u>9/20/05</u> Date		 (Signature)
Brian D. Gildea (Typed or printed name)		<u>39,995</u> (Reg. No.)
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> * Total of <u>_____</u> forms are submitted.		

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